



HOUSING NEEDS

Type of home desired:

- | | |
|--|---|
| <input type="checkbox"/> Acreage | <input type="checkbox"/> Semi Detached Garage |
| <input type="checkbox"/> Detached Garage | <input type="checkbox"/> Townhouse |
| <input type="checkbox"/> Duplex | <input type="checkbox"/> Zero-lot line |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Other |

Style of home desired:

- | | |
|--|--|
| <input type="checkbox"/> Colonial | <input type="checkbox"/> Ranch |
| <input type="checkbox"/> Contemporary | <input type="checkbox"/> Soft Contemporary |
| <input type="checkbox"/> English Tudor | <input type="checkbox"/> Traditional |
| <input type="checkbox"/> Mediterranean | <input type="checkbox"/> Other |

Description of home desired:

- | | |
|---|--|
| <input type="checkbox"/> Number of Stories | <input type="checkbox"/> Number of Bedrooms |
| <input type="checkbox"/> Formal dining room | <input type="checkbox"/> Location of bedrooms |
| <input type="checkbox"/> Formal living room | <input type="checkbox"/> Split Level |
| <input type="checkbox"/> Den/Family room | <input type="checkbox"/> All bedrooms up |
| <input type="checkbox"/> Great room | <input type="checkbox"/> All bedrooms down |
| <input type="checkbox"/> Playroom | <input type="checkbox"/> MBR down |
| <input type="checkbox"/> Media room | <input type="checkbox"/> Size of garage needed |
| <input type="checkbox"/> Number of baths | <input type="checkbox"/> Other |

Additional requirements:

- | | |
|--|----------------|
| 1. Do you need access to public transportation? | Yes ___ No ___ |
| 2. What distance are you willing to commute to work?
Location of work _____ | Yes ___ No ___ |
| 3. Do you need to be near schools or other services
If yes, what distance _____ | Yes ___ No ___ |
| 4. Does anyone in your family have special needs or disabilities? | Yes ___ No ___ |
| 5. Do you have overnight guest? | Yes ___ No ___ |
| 6. Do your overnight guest have any special needs? | Yes ___ No ___ |
| 7. Do you plan to have children, or more children, soon? | Yes ___ No ___ |
| 8. Do you have older children that will be leaving your home soon? | Yes ___ No ___ |
| 9. Do you entertain frequently? | Yes ___ No ___ |
| 10. Is anyone allergic to certain building materials & if so, which ones? | Yes ___ No ___ |
| 11. Do you have hobbies that require special space? | Yes ___ No ___ |

Notes:

Description of exterior:

- | | | | |
|--------------------------------|-------------------------------------|--|--|
| <input type="checkbox"/> Brick | <input type="checkbox"/> Big yard | <input type="checkbox"/> Lots of trees | <input type="checkbox"/> 2-Car garage |
| <input type="checkbox"/> Wood | <input type="checkbox"/> Small yard | <input type="checkbox"/> Some trees | <input type="checkbox"/> 2-Car carport |
| <input type="checkbox"/> Stone | <input type="checkbox"/> Corner lot | <input type="checkbox"/> No trees | <input type="checkbox"/> More parking |
| <input type="checkbox"/> Pool | <input type="checkbox"/> Mid-block | <input type="checkbox"/> Fenced yard | |

Price requirements:

Desired price range: _____
Sales price of current/last home: _____
Maximum down payment available: _____
Down payment you prefer to use: _____

Monthly payments:

What are your current monthly payments (rent)? _____
What monthly payment is comfortable for you? _____
What monthly payment do you not want to exceed? _____

Comments: _____

